



Application For
Property Tax Assistance Program
As Provided By 15-6-134 and 15-6-191, MCA

MONTANA
PPB-8
Rev. 11-05

_____ County

This form, including all supporting documentation, must be returned to your local DOR Office before March 15th or no reduction will be allowed.
- For Office Use Only -

Name: _____

Mailing Address: _____

City, State Zip: _____

Legal Description of Property: _____

Geocode: _____

School District: _____

Assessment Code: _____

(I) / (We) own a mobile home or home that may include land up to 5 acres, and occupied that same residence for at least 7 months a year; my tax filing status is: (Check one)

☐ **single (\$18,187);** ☐ **married (\$24,249);** or ☐ **head of household* (\$24,249);** and my total income from last year, including otherwise tax exempt income of all types, does not exceed the amount listed next to the filing status I have checked above. (*If claiming head of household, you must complete the information at the bottom of the form)

Total Annual Income From All Sources

Please list your total annual income from all sources including otherwise tax-exempt income of all types for the calendar year preceding the year of application.

\$ _____	Employment Income		Pension Income
\$ _____	Net Business Income Before Depreciation and/or Depletion (Copy of IRS Schedule C, E or F must be attached)	\$ _____	Railroad
\$ _____	Net Rental Income Before Depreciation and/or Depletion (Copy of IRS Schedule E must be attached)	\$ _____	Teachers
\$ _____	Social Security (Gross from Federal Form 1099) Do not include social security paid directly to a nursing home or social security for dependent children.	\$ _____	Employment
\$ _____	Disability Income	\$ _____	Veterans
\$ _____	Unemployment Benefits	\$ _____	Any Other
\$ _____	Any Other Income (Lottery, etc.)	\$ _____	Aid to Dependent Children
		\$ _____	Maintenance (Alimony)
		\$ _____	Child Support
		\$ _____	Interest Income (From all sources such as banks and checking accounts)

Total Income \$ _____

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ Social Security Number _____

Name of Spouse _____ Social Security Number _____

Phone _____ Date _____

Head of Household Information

Head of household information (to be completed by the applicant)

Name of Dependent	SSN
_____	_____
_____	_____
_____	_____

For Department Use Only

☐ Approved

☐ Disapproved